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**LEE COUNTY  
PUBLIC SERVICE AUTHORITY**  
P.O. Box 830  
Jonesville, Virginia 24263

(276)346-7775  
(276)346-7720 Fax

Tracy Puckett  
Executive Director

August 9, 2016


Fred Wyatt  
Department of Environmental Quality  
Southwest Regional Office  
355 Deadmore Street  
P.O. Box 1688  
Abingdon, VA 24212

Dear Mr. Wyatt,

First I would like to thank you for your patience and assistance in preparation of this application. Hopefully you'll find this application satisfactory. We don't have the results of the attachments (A). When we receive these from our lab it will be mailed out to you immediately.

If you should have any questions please contact me at 276-546-5031.

Sincerely,

  
Alvin Collins  
Chief Operator  
Hickory Flats WWTP

cc: File

Hickory Flats WWTP

FORM  
2A  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

## APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

## BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow  $\geq 0.1$  mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

## SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER: VA0089397

Hickory Flats WWTP

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

#### A.1. Facility Information.

Facility Name Hickory Flats WWTP  
Mailing Address P.O. Box 830  
Jonesville VA, 24263  
Contact Person Alvin Collins  
Title Treatment Manager  
Telephone Number (276) 275-8245  
Facility Address 229 Treatment Plant Rd.  
(not P.O. Box) Jonesville VA, 24263

#### A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name Lee County PSA  
Mailing Address P.O. Box 830  
Jonesville VA, 24263  
Contact Person Tracy Puckett  
Title Director  
Telephone Number (276) 346-9775

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

#### A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0089397 PSD \_\_\_\_\_  
UIC \_\_\_\_\_ Other \_\_\_\_\_  
RCRA \_\_\_\_\_ Other \_\_\_\_\_

#### A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Jonesville</u>	<u>900</u>	<u>Separate</u>	<u>Municipal</u>
<u>Federal Prison</u>	<u>2100</u>	<u>Separate</u>	<u>Municipal/Private</u>
<b>Total population served</b>	<b><u>3000</u></b>		

Hickory Flats WWTP**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12<sup>th</sup> month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .8
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>.273</u>	<u>.297</u>	<u>.260</u>
c. Maximum daily flow rate	<u>.411</u>	<u>.459</u>	<u>.384</u>

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒
- Separate sanitary sewer

100 %

- ☐
- Combined storm and sanitary sewer

\_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent

1

- ii. Discharges of untreated or partially treated effluent

0

- iii. Combined sewer overflow points

0

- iv. Constructed emergency overflows (prior to the headworks)

0

- v. Other \_\_\_\_\_

N/A

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharge to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter Name N/A

Mailing Address N/A

Contact Person N/A

Title \_\_\_\_\_

Telephone Number (    ) N/A

For each treatment works that receives this discharge, provide the following:

Name N/A

Mailing Address N/A

Contact Person N/A

Title \_\_\_\_\_

Telephone Number (    ) N/A

If known, provide the NPDES permit number of the treatment works that receives this discharge \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: \_\_\_\_\_

Is disposal through this method ☐ continuous or ☐ intermittent?

FACILITY NAME AND PERMIT NUMBER: VA0089397Form Approved 1/14/99  
OMB Number 2040-0086Hickory Flats WWTP**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001
- b. Location Jonesville 24263  
(City or town, if applicable) (Zip Code)  
Lee VA  
(County) (State)  
36° 41' 47" North 82° 0' 50" West  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) 5 ft.
- e. Average daily flow rate 276 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? ☒ Yes ☐ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Powell River
- b. Name of watershed (if known) \_\_\_\_\_  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): Tennessee - Big Sandy River  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): B501 - B535
- d. Critical low flow of receiving stream (if applicable)  
acute N/A cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

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OMB Number 2040-0086**A.11. Description of Treatment**

- a. What levels of treatment are provided? Check all that apply.

☒ ~~QEL~~ Primary☐ Secondary☒ Advanced☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal

92 ~~85~~ <sup>QEL</sup> %

Design SS removal

87.7 ~~85~~ <sup>QEL</sup> %

Design P removal

Unknown %

Design N removal

98 %

Other N/A

% %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

ULTRAVIOLET light

If disinfection is by chlorination is dechlorination used for this outfall?

☐ Yes☒ No

- d. Does the treatment plant have post aeration?

☒ Yes☐ No

**A.12 Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: .001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	9.0	s.u.			
Flow Rate		<sup>*QEL</sup>	.276	MGD	cont.
Temperature (Winter)	14	°C			
Temperature (Summer)	30	°C			

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5						
	CBOD5	4.0	Mg/L	<QL	Mg/L	156	Farmed Out
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)		8.8	Mg/L	3.3	Mg/L	156	Farmed Out

**END OF PART A.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM**  
**2A YOU MUST COMPLETE**



Hickory Flats WWTP**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.0 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within  $\frac{1}{4}$  mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

None

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes☐ No





Quads: BEN HUR

Counties: Lee

### Hickory Flats WWTP

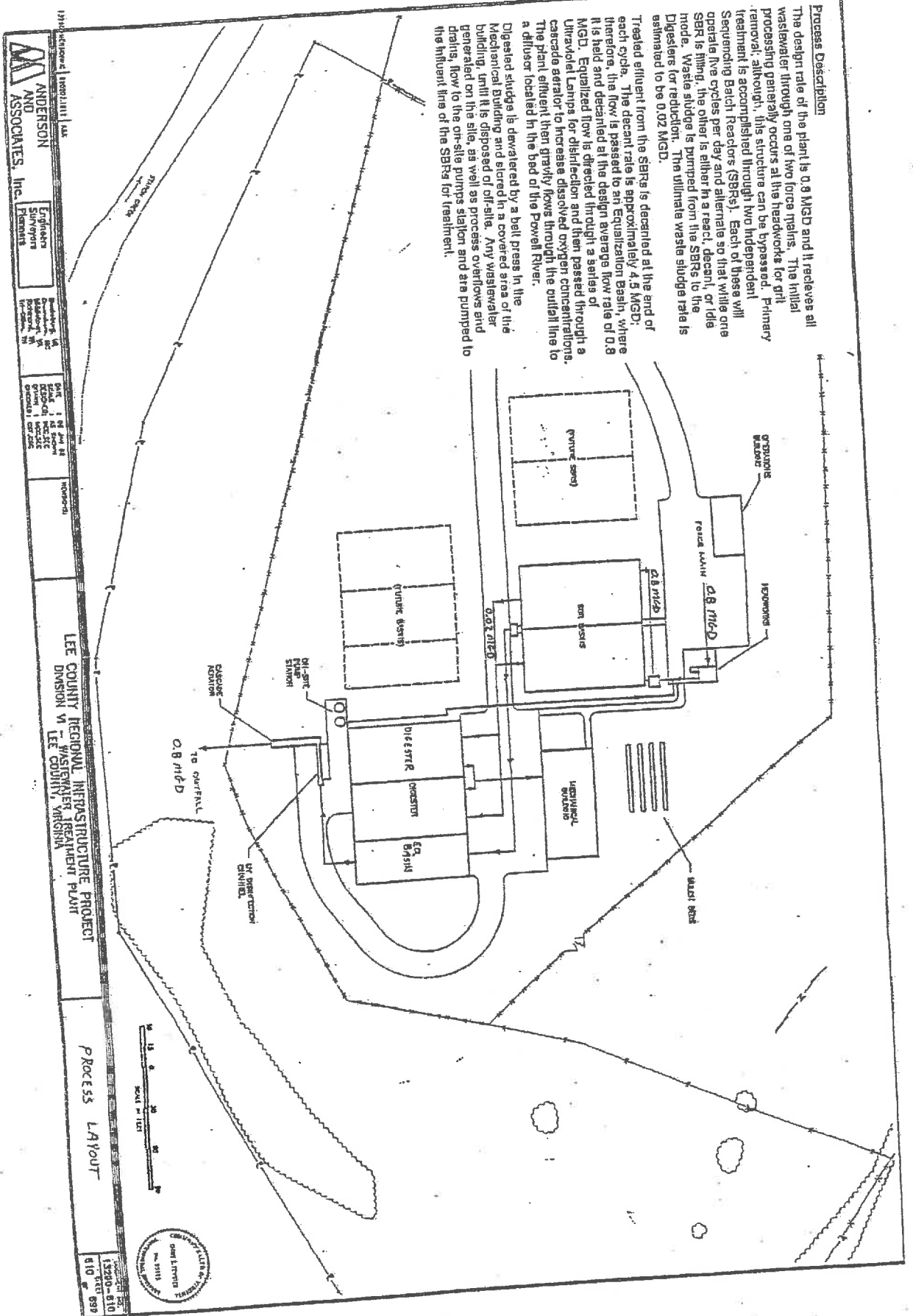
Company: DEQ-Southwest  
Regional Office  
Lat/Long: 364150/830103

# Process Description

The design rate of the plant is 0.8 MGD and it receives all wastewater through one of two force mains. The initial processing generally occurs at the headworks for grit removal; although, this structure can be bypassed. Primary treatment is accomplished through two independent Sequencing Batch Reactors (SBRs). Each of these will operate five cycles per day and alternate so that while one SBR is filling, the other is either in a react, decant, or idle mode. Waste sludge is pumped from the SBRs to the Dewaterers for reduction. The ultimate waste sludge rate is estimated to be 0.02 MGD.

Treated effluent from the SBRs is decanted at the end of each cycle. The decant rate is approximately 4.5 MGD; therefore, the flow is passed to an Equalization Basin, where it is held and dewatered at the design average flow rate of 0.8 MGD. Equalized flow is directed through a series of Ultraviolet Lamps for disinfection and then passed through a cascade aerator to increase dissolved oxygen concentrations. The plant effluent then gravity flows through the outfall line to a diffuser located in the bed of the Powell River.

Digested sludge is dewatered by a belt press in the Mechanical Building and stored in a covered area of the building, until it is disposed of off-site. Any wastewater generated on the site, as well as process overflows and drains, flow to the on-site pumps station and are pumped to the influent line of the SBRs for treatment.



ANDERSON AND ASSOCIATES, Inc. Engineers

Lee County Regional Infrastructure Project Division of Wastewater Treatment Plant Lee County, Virginia

13250-610 610 599



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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM/DD/YYYY	MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	Waiver Requested		It is not in our O/M manual				
CHLORINE (TOTAL RESIDUAL, TRC)	Waiver Requested		It is not in our O/M manual				
DISSOLVED OXYGEN	8.8	Mg/L	6.5	Mg/L	365		
TOTAL KJELDAHL NITROGEN (TKN)	3.2	Mg/L	1.3	Mg/L	79		
NITRATE PLUS NITRITE NITROGEN	Waiver Requested		It is not in our O/M manual				
OIL and GREASE	Waiver Requested		It is not in our O/M manual				
PHOSPHORUS (Total)	Waiver Requested		It is not in our O/M manual				
TOTAL DISSOLVED SOLIDS (TDS)	Waiver Request		It is not in our O/M manual				
OTHER							

**END OF PART B.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Tracy Puckett Director

Signature

*Tracy Puckett*

Telephone number

(276) 346-9975

Date signed

8-9-16

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER: VA0089397

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## SUPPLEMENTAL APPLICATION INFORMATION

### PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete part F.

#### GENERAL INFORMATION:

F.1. Pretreatment program. Does the treatment works have, or is subject to, an approved pretreatment program?

☐ Yes ☒ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

- a. Number of non-categorical SIUs. 1
- b. Number of CIUs.

#### SIGNIFICANT INDUSTRIAL USER INFORMATION::

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name:

United States Penitentiary

Mailing Address:

Lee County Industrial Park, Hickory Flats Road  
Pennington Gap, VA 24277

F.4. Industrial Processes. Describe all the industrial processes that affect or contribute to the SIU's discharge.

At this time no difficiencies noted.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s):

General Waste Water

Raw material(s):

Sewage

F.6. Flow Rate.

- a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

250,000 gpd ( ☒ continuous or ☐ intermittent)

- b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

           gpd ( ☐ continuous or ☐ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

- a. Local limits ☒ Yes ☐ No

- b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

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**F.8. Problems at the Treatment Works Attributed to Waste Discharge by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☒ Yes ☐ No If yes, describe each episode.

Large Amounts of screening

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail or dedicated pipe?

☐ Yes ☒ No (go to F.12)

**F.10 Waste transport.** Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

**F.11 Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12 Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

**F.13 Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

**F.14 Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary.)

**F.15 Waste Treatment.**

a. Is this waste treated (or will be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous

☐ Intermittent

If intermittent, describe discharge schedule.

**END OF PART F.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
ENVIRONMENTAL FIELD OFFICE

2305 Silverdale Road  
Johnson City, TN 37601

(423)854-5400 STATEWIDE 1-888-891-8332 (423)854-5401

Receipt: EAC-JC-11124

Date of Receipt: 12-Aug-2015 10:53 am

Created By: Kimberly Estep (BG58007)

County: Washington

EFO/Office: Johnson City Field Office

Received From: Richard Shuler

Company/Affiliation: Lee County Public Service Authority

Recipient Address: P. O. Box 830  
JONESVILLE, VA- 24263

Amount Received: \$150.00

Method of Payment: CHECK

Check Number: 15156

Comments: Hickory Flats WWTP to Iris Glen

Division	Description	TDEC Code	Quantity	Unit Price	Line Total
SWM	SWM - Special Waste Recertification Fee	43.350.F07	1	\$150.00	\$150.00

Receipt Total: \$150.00

15156

Lee County Public Service Authority

Operating Fund  
P.O. Box 830  
Jonesville, VA 24263



THE CENTRAL VALLEY NATIONAL BANK  
JONESVILLE, VA.

68-381-514



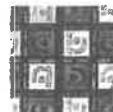
8/4/2015

PAY TO THE ORDER OF Tennessee Dept. of Environment & Conserv.

\$ \*\*150.00

One Hundred Fifty and 00/100 \*\*\*\*\* DOLLARS

Tennessee Dept. of Environment & Conserv.  
Division of Solid Waste Management  
312 Rosa Parks Avenue, 14th Floor  
Nashville, TN. 37243



*Richard Shuler*  
AUTHORIZED SIGNATURE

MEMO

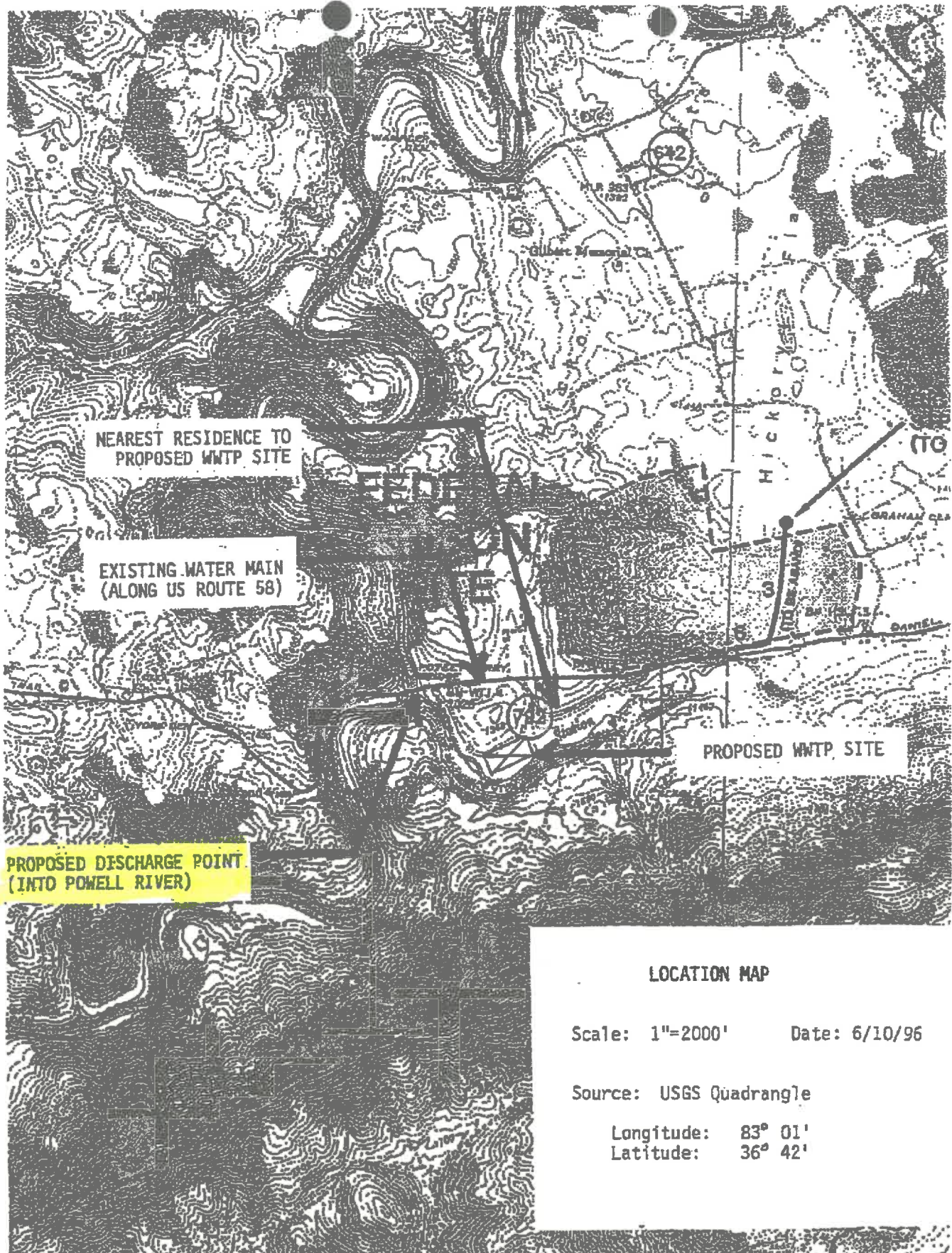
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Visit us at: <http://tn.gov/environment/>

CN-1139 (Rev. 6-09)

RDA S1730





## VPDES PERMIT APPLICATION ADDENDUM

1. Entity to whom the permit is to be issued: Tracy Puckett

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. Is this facility located within city or town boundaries? Y / (N)

3. Provide the tax map parcel number for the land where the discharge is located. \* Attached \*

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? N/A

5. What is the design average effluent flow of this facility? .8 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. Nature of operations generating wastewater:

NO expectance of expanding in the next 5 years.

\_\_\_\_ % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: N/A

\_\_\_\_ % of flow from non-domestic connections/sources

7. Mode of discharge: \_\_\_\_ Continuous \_\_\_\_ Intermittent \_\_\_\_ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

X Permanent stream, never dry

\_\_\_\_ Intermittent stream, usually flowing, sometimes dry

\_\_\_\_ Ephemeral stream, wet-weather flow, often dry

\_\_\_\_ Effluent-dependent stream, usually or always dry without effluent flow

\_\_\_\_ Lake or pond at or below the discharge point

\_\_\_\_ Other: \_\_\_\_\_

9. Approval Date(s):

O & M Manual June 11, 2001 Sludge/Solids Management Plan September 24, 2003

Have there been any changes in your operations or procedures since the above approval dates? Y / N

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Instructions

**WHO MUST SUBMIT THE APPLICATION** - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

## Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Hickory Flats WWTP

VPDES Permit No: VA0089397

### 1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name

b. Receiving Facility VPDES Permit No.

N/A

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge

### 2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name

Iris Glen Environmental Center

b. Landfill Permit No.

SNL 90 10 40 262

c. Include an acceptance letter from the landfill.

### 3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. \_\_\_\_\_

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name

c. Air Registration No.

d. Include an acceptance letter from the Incinerator.

### 4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? \_\_\_\_\_

☐ Yes ☐ No

### 5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☒ Yes ☐ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

### 6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name

b. Permit No.

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance SEP 01 2016

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9 VAC25-31-710.B.1. through B.4.? ☐ Yes ☐ No  
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9 VAC25-31-720.B.1. through 10? ☐ Yes ☐ No  
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9 VAC25-31-540.B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO<sub>3</sub> (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No

If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9 VAC25-31-100.P.9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form - Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No  
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No  
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
  - a. A vector control plan that addresses the movement of sludge resulting from the application of land application equipment.
  - b. A description of the transport vehicles to be used.
  - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
  - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
  - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
  - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9 VAC25-31-420 through 720).

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title

Signature

Telephone number

Email

Date signed

TRACY BUCKETT Director  
Tracy Buckettt  
276-346-7775 tpuckett@leecapsa.com  
8-30-16

\*Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.\*

**LEE COUNTY  
PUBLIC SERVICE AUTHORITY**

P.O. Box 830  
Jonesville, Virginia 24263

(276) 346-7775 Phone  
(276) 346-7720 Fax

**FAX**

DATE 8-22-16

TO: Fred Wyatt

FIRM: DEQ

FAX # 276-676-4899

NUMBER OF PAGES: 2+cover= 3

FROM: Alvin Collins

Lee County Public Service Authority

SUBJECT: \_\_\_\_\_



## Non-Hazardous WAM Approval

Requested Management Facility: Iris Glen Envir Center

Profile Number: GY0352Waste Approval Expiration Date: 06/30/2018

## APPROVAL DETAILS

Approval Decision: ☒ Approved ☐ Not ApprovedProfile Renewal: ☒ Yes ☐ NoManagement Method: Direct LandfillGenerator Name: Hickory Flats WWTPMaterial Name: Dewatered Biosolids

Management Facility Precautions, Special Handling Procedures or Limitation on approval:

## Generator Conditions

- Shall not contain free liquids.
- Waste manifest or applicable shipping document must accompany load.
- The waste profile number must appear on the shipping papers.

WM Authorization Name: John FanningTitle: Waste Approval ManagerWM Authorization Signature: [Signature]Date: 08/24/2015

Agency Authorization (if Required): \_\_\_\_\_

Date: \_\_\_\_\_



# Non-Hazardous WAM Approval

RECEIVED

AUG 31 2016

DEQ SWRO

Requested Management Facility: Iris Glen Envir Center

Profile Number: CV0352 Waste Approval Expiration Date: 06/30/2018

## APPROVAL DETAILS

Approval Decision: ☒ Approved ☐ Not Approved

Profile Renewal: ☒ Yes ☐ No

Management Method: Direct Landfill

Generator Name: Hickory Flats WWTP

Material Name: Dewatered Biosolids

Management Facility Precautions, Special Handling Procedures or Limitation on approval:

### Generator Conditions

- Shall not contain free liquids.
- Waste manifest or applicable shipping document must accompany load.
- The waste profile number must appear on the shipping papers.

WM Authorization Name: John Fanning Title: Waste Approval Manager

WM Authorization Signature: [Signature] Date: 08/24/2015

Agency Authorization (if Required): \_\_\_\_\_ Date: \_\_\_\_\_

## 229 Treatment Plant Rd Jonesville, VA 24263 to 1705 East Main Street Johnson City, TN 37601



Suggested routes:

**US-58 E and I-26 E 67.5 mi. About 1 hour 16 mins**

**US-11WN and I-26 E 81.0 mi. About 1 hour 44 mins**

Jonesville, VA 24263, USA

67.5 mi. About 1 hour 16 mins

1. Head **south** on **US-58 E** toward **Hill St** 19.7 mi
2. Turn **right** onto **US-23 S/US-421 S/US-58 E** 20.8 mi  
Continue to follow US-23 S  
Entering Tennessee
3. Slight **right** to stay on **US-23 S** (signs for **I 26 E/Johnson City/Asheville**) 3.2 mi
4. Continue onto **I-26 E/US-23 S** 22.5 mi
5. Take exit **23** for **TN-91 N** 0.2 mi
6. Turn **left** onto **TN-91 N/E Main St** 0.2 mi
7. Turn **left** onto **E Main St** 0.9 mi  
Destination will be on the left

1705 E Main St, Johnson City, TN 37601, USA

Map data ©2016 Google